



## Supplemental Application Data Sheet

### **Application Information**

Application number:: 10/765,299  
Filing Date:: 01/26/04  
Application Type:: Continuation-In-Part  
Subject Matter:: Utility  
Suggested Group Art Unit:: N/A 1618  
CD-ROM or CD-R?:: None  
Sequence submission?:: None  
Computer Readable Form (CRF)?:: No  
Title:: CHELATING AGENTS WITH LIOPHILIC CARRIERS  
Attorney Docket Number:: 532512001000  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 5  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gregory  
Middle Name:: M.  
Family Name:: LANZA  
City of Residence:: St. Louis  
State or Province of Residence:: MO  
Country of Residence:: US

Street of mailing address:: 12042 Gardengate Drive  
City of mailing address:: St. Louis  
State or Province of mailing address:: MO  
Postal or Zip Code of mailing address:: 63146

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Samuel  
Middle Name:: A.  
Family Name:: WICKLINE  
City of Residence:: St. Louis  
State or Province of Residence:: MO  
Country of Residence:: US  
Street of mailing address:: 11211 Pointe Ct.  
City of mailing address:: St. Louis  
State or Province of mailing address:: MO  
Postal or Zip Code of mailing address:: 63127

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Phillip  
Middle Name:: S.  
Family Name:: ATHEY  
Country of Residence:: US  
Street of mailing address:: 119 White Oak  
City of mailing address:: Lake Jackson  
State or Province of mailing address:: TX  
Postal or Zip Code of mailing address:: 77566

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gyongyi  
Family Name:: GULYAS  
Country of Residence:: US  
Street of mailing address:: 305 Timbercreek Drive  
City of mailing address:: Lake Jackson  
State or Province of mailing address:: TX  
Postal or Zip Code of mailing address:: 77566

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Garry  
Middle Name:: E.  
Family Name:: KIEFER  
Country of Residence:: US  
Street of mailing address:: 114 Juniper  
City of mailing address:: Lake Jackson  
State or Province of mailing address:: TX  
Postal or Zip Code of mailing address:: 77566

#### **Correspondence Information**

Correspondence Customer Number:: 25225

#### **Representative Information**

Representative Customer Number:: 25225

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
<u>Not yet Assigned 10/765,299</u>	Continuation-in-part of	10/351,463	01/24/03
10/351,463	An application claiming the benefit under 35 USC 119(e)	60/351,390	01/24/02
<u>Not yet Assigned 10/765,299</u>	An application claiming the benefit under 35 USC 119(e)	60/485,970	07/09/03

## **Foreign Priority Information**

### **Assignee Information**

Assignee name:: Barnes-Jewish Hospital

Assignee address:: Barnes-Jewish Hospital Plaza  
St. Louis, Missouri 63110